happier healthier lives

Nottingham City
Joint Health and Wellbeing Strategy

2016 - 2020

Draft

Contents

Foreword from the Chair and Vice Chair

Welcome to the Nottingham City Joint Health and Wellbeing Strategy 2016 to 2020, which sets out our vision and ambitions for making our city happier and healthier. Since the first strategy in 2012 we are pleased to see that overall the people of Nottingham are living longer. In our new strategy, we now seek to improve the quality of that longer life – adding life to years not just years to life. We also remain committed to tackling the differences in health between our neighbourhoods and in the city as a whole compared to other similar cities. Tackling those inequalities remains at the heart of our new strategy.

The strategy has been developed based upon significant engagement with citizens and partners and alongside evidence of the health and wellbeing needs in the city. Using this knowledge we outline our objectives to meet our ambition to make 'Nottingham a place where we all enjoy positive health and wellbeing, with a focus on improving the lives of those with the poorest outcomes the fastest'. We will do this by focusing on four outcomes:

- Adults, children and young people in Nottingham adopt and maintain **Healthy Lifestyles**
- Adults, children and young people in Nottingham will have positive **Mental Wellbeing** and those with long-term mental health problems will have good physical health
- There will be a **Healthy Culture** in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health
- Nottingham's **Environment** will be sustainable; supporting and enabling its citizens to have good health and wellbeing

Whilst people are living longer it is often with increasingly complex health needs, many of which are preventable. The activity in this strategy is designed to see a radical shift towards early intervention and prevention so that we can improve health, reduce hospital admissions and when people are in need of hospital treatment they are able to return home quickly. With help and support - from before pregnancy to the end of people's lives - we hope to inspire and empower citizens to live happier healthier lives, protect themselves from ill health and, where necessary, support people to manage their own ill health as much as possible.

Our ambitions require change and integration across the entire health and social care system. As Chairman and Vice Chairman of the Health and Wellbeing Board, and reflecting the truly joint nature of the Strategy, we are absolutely committed to its implementation. Member organisations will work together to deliver our ambitions and the Board will serve to strengthen our commitments as partners.

Councillor Alex Norris
Chair of Nottingham City Health and Wellbeing Board

Dr Ian Trimble OBE
Vice Chair of the Nottingham City Health and Wellbeing Board

Role of the Health and Wellbeing Board

Under the Health and Social Care Act 2012, all areas in England must have a Health and Wellbeing Board. The Board is made up of:

- Representatives of citizens (Healthwatch Nottingham) and third sector providers of health and social care services
- Organisations directly involved in commissioning and providing healthcare, including Nottingham City Council, NHS Nottingham City Clinical Commissioning Group, Nottingham CityCare Partnership, Nottingham Healthcare NHS Foundation Trust and Nottingham University Hospitals NHS Trust, and NHS England
- Other organisations whose work impacts the health and wellbeing of citizens, including the Crime and Drugs Partnership, Nottinghamshire Police, Jobcentre Plus, and Nottingham City Homes

The role of the Board is to lead on work to improve the health and happiness of Nottingham and specifically to reduce health inequalities. It oversees joint commissioning and joined up provision for citizens and patients, including social care, public health and NHS services. It also considers the impact on health and happiness of the wider local authority and partnership agenda, such as housing, education, employment, and crime and antisocial behaviour.

The Board recently underwent a peer review, which recommended that the governance and membership be reviewed to reflect the aims of the Strategy. The recommendations will be implemented to ensure the Board is working effectively to deliver our aims and objectives.

Purpose of the Strategy

The purpose of the Strategy is to enable:

- All Health and Wellbeing Board (HWB) partners to be clear about our agreed priorities for the next four years
- All members of the HWB to embed these priorities within their own organisations and ensure that these are reflected in their commissioning and delivery plans
- Key agencies to develop joined-up commissioning and delivery plans to address these priorities
- The HWB to add value to the planned activity and hold member organisations to account for their actions towards achieving the objectives and priorities within the strategy
- Members of the HWB to work with and influence partner organisations outside the HWB to contribute to the priorities agreed within this strategy

Development of the Strategy

The Strategy has been developed based upon evidence of health needs in the city and significant engagement with citizens, partners and stakeholders. A range of engagement events were held to shape the strategy and almost 500 people provided their views on what was important to them[1].
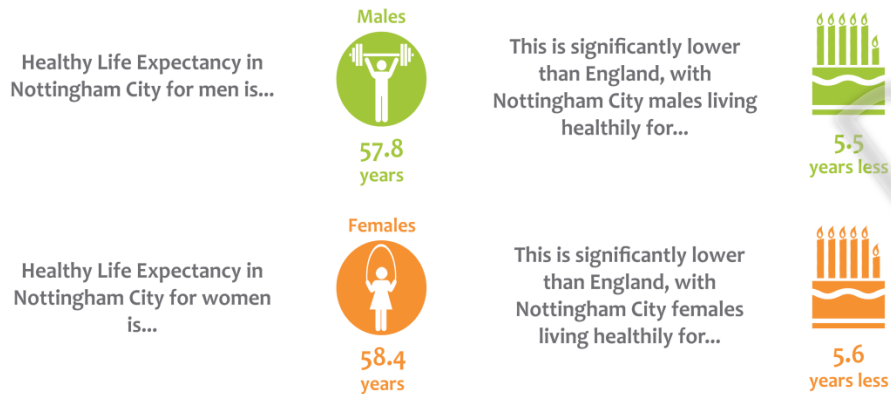
Health & Wellbeing in Nottingham

A local assessment of current and future health and social care needs tells us what is causing people to become unwell or die prematurely (before the age of 75). The following is summary of some of the key findings[2].

Healthy Life Expectancy

Nationally and locally we are living longer but for some - particularly amongst those in our most deprived neighbourhoods - this increased life expectancy[3] is accompanied by a significant number of years in poor health.

In Nottingham, healthy life expectancy[4] (the number of years we can expect to live in good health) for males is 57.8 years and 58.4 years for females compared to a life expectancy of 77.1 years for males and 81.6 years for females[5]. This means that the local population can be expected to live approximately a quarter of their life in poor health. Figure 1 (below) highlights how this compares to England.
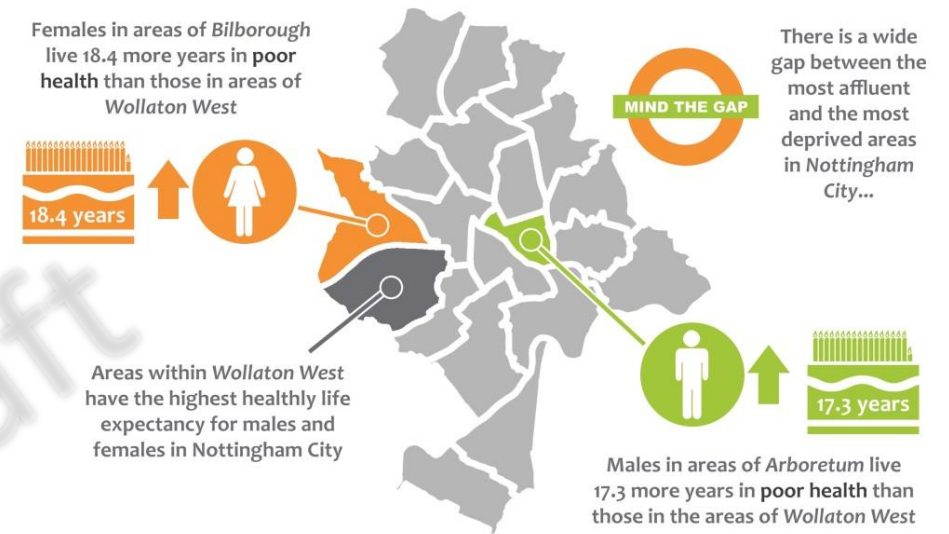
Figure 1: Healthy Life Expectancy in Nottingham compared to the England average

Males

Healthy Life Expectancy in Nottingham City for men is...

57.8 years

This is significantly lower than England, with Nottingham City males living healthily for...

5.5 years less

Females

Healthy Life Expectancy in Nottingham City for women is...

58.4 years

This is significantly lower than England, with Nottingham City females living healthily for...

5.6 years less

2012-2014 data
(ONS, 2016)

Since 'life expectancy' is increasing at a faster rate than 'healthy life expectancy' we are spending a greater proportion of life in poor health. This has implications for both individuals – due to increased proportion of life spent with illness and disability – and society due to associated health and social care costs.

Whilst on average men and women in the city can expect to live in good health to around 58 years-old (figure 2). This figure masks significant differences between Nottingham's neighbourhoods. People in the poorest neighbourhoods on average experience poor health over 17 years earlier than those in the most affluent neighbourhoods (figure 2).

Figure 2: Healthy Life Expectancy across Nottingham's neighbourhoods

Females in areas of *Bilborough* live 18.4 more years in **poor health** than those in areas of *Wollaton West*

18.4 years

There is a wide gap between the most affluent and the most deprived areas in *Nottingham City*...

MIND THE GAP

Areas within *Wollaton West* have the highest healthily life expectancy for males and females in Nottingham City

Males in areas of *Arboretum* live 17.3 more years in **poor health** than those in the areas of *Wollaton West*

17.3 years

These inequalities in health represent unjust differences in health status experienced by certain population groups within the city. A wide range of factors will be contributing to these differences in health including the places we live, the communities we live in, the lives we lead and our access to services. Importantly these differences are preventable.

Influences on Health

Many factors determine how happy and healthy we will be. As well as our genes, lifestyle factors – such as physical activity, diet, smoking and alcohol – are strongly linked to our health. In turn these are influenced by where we live, economic deprivation, the quality of our housing and our neighbourhoods, levels of educational attainment, access to employment opportunities, lack of green open spaces and air pollution - to name but a few. The figure below shows some of the many factors that influence our health and happiness.

Figure 1: The wider determinants of health[6]

Living unhealthy lifestyles and under poor socio-economic conditions can lead to illnesses such as cardiovascular disease, diabetes, cancer and respiratory disease. From a medical perspective these conditions cannot be cured but can be controlled through treatment and other therapies.
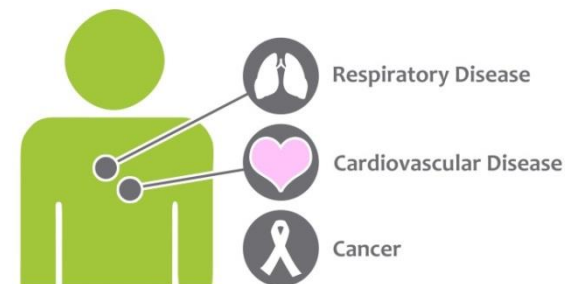
These long-term conditions are more common amongst people from lower socio-economic groups and certain communities (related to a combination of deprivation, discrimination and genetics). The number of people with such conditions is increasing. This is partly due to the fact that we are living longer but it is also related to an increase in our unhealthy lifestyles such as physical inactivity, smoking, excessive consumption of alcohol and poor diet. These lifestyle causes are largely preventable.

We also know that physical health and mental health are closely linked (and vice versa). People with mental health problems have poorer physical health outcomes. For example, research shows that those suffering from serious mental illness like schizophrenia, die up to 20 years earlier[7] and those suffering with depression have double the risk of heart disease[8].

Through talking to citizens, service providers and partners as part of the engagement events that underpin the development of this strategy, mental health and lifestyle factors were common themes that emerged. In addition, the culture within which we live and our environment were also highlighted as important factors that influence our health and happiness.

Our Vision, Aims and Outcomes

In response to the evidence and what people told us throughout the engagement activities we have established a clear vision and aim.

Our Vision

Nottingham will be a place where we all enjoy positive health and wellbeing with a focus on improving the lives of those with the poorest outcomes the fastest.

To increase healthy life expectancy in Nottingham to the same level as other similar cities by 2020

Our Aim

To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy 2020

This vision is underpinned by a commitment to achieve the following four outcomes:

- **Outcome 1**: Adults, children and young people in Nottingham adopt and maintain **Healthy Lifestyles**
- **Outcome 2**: Adults, children and young people in Nottingham will have positive Mental Wellbeing and those with long-term mental health problems will have good physical health
- **Outcome 3**: There will be a **Healthy Culture** in Nottingham in which adults, children and young people are supported and empowered to live healthy lives and manage ill health
- **Outcome 4**: Nottingham's **Environment** will be sustainable; supporting and enabling its citizens to have good health and wellbeing

Delivery and Monitoring

Detailed action plans will be developed for each of the four priority outcomes and refreshed annually to ensure that they remain relevant. The plans will be implemented by a number of delivery groups reporting to the Health and Wellbeing Board. In delivering the strategy, the Health and Wellbeing Board will monitor annually the headline targets (as outlined on page 16) and an agreed set of performance indicators to be set out in the detailed action plans.

Principles Underpinning the Strategy

A number of cross-cutting principles will be adopted across all action plans:

- **A focus on communities or areas worst affected and tackling inequalities:** Detailed action plans will identify and address any disproportionate impact. This might mean a focus on a particular geographic area or particular ethnic groups where appropriate.
- **Early Intervention:** Activity will be targeted at identifying and preventing problems early before they become ingrained and problematic.
- **Sustainability:** Action plans will consider the sustainability of their funding arrangements, impact on health and the environment.
- **Engagement of the Voluntary and Community Section:** The action plans will value and utilise the role of the voluntary and community sector in developing and implementing interventions.
- **Integrated Working:** In order to improve citizen outcomes we know that health and social care services need to work better together to provide more effective and seamless care. Action plans will consider how they are furthering the need to join services up where appropriate.

Outcome 1: Adults, children and young people in Nottingham adopt and maintain Healthy Lifestyles

Smoking, harmful use of alcohol, physical inactivity and poor diet are key lifestyle factors which both cause and affect the consequences of many major illnesses.

Levels of smoking in the city are significantly higher than the national average and as a consequence rates of lung cancer, cardiovascular disease and other smoking related diseases are much higher. Smoking is also higher in areas of deprivation and a major cause of the inequalities in healthy life expectancy experienced across the city. Smoking during pregnancy is also a key concern as it increases the risk of complications of the pregnancy and the health of the child. Children who grow up in communities with a high proportion of smokers are more likely to become smokers themselves emphasising the importance of taking a community-based approach.

Being overweight or obese significantly increases the risks of developing and dying from certain illnesses, like cardiovascular disease, kidney and liver disease and cancer. Research suggests that 80% of children who are obese will become obese adults further highlighting the need to tackle the issue early through physical activity and a good diet.

An individual's physical activity level and diet and nutrition status has both a direct impact on health status as well as an indirect one through the maintenance of a healthy weight. It is estimated that a third of adults in Nottingham are 'inactive' and three-quarters do not eat the recommended fruit and vegetable portions (according to Department of Health classifications and recommendations).

Alcohol related hospital admissions are significantly higher than the England average and they are continuing to increase. Excessive alcohol consumption has a wide range of impacts for individuals - in terms of their mental and physical health - and those around them in terms of relationships, violence and anti-social behaviour within our communities.

Supporting individuals and populations to maintain healthy lifestyles will help prevent long-term conditions occurring in the first place for many people and postpone the onset or reduce the impact of disease for many others, improving both life expectancy and healthy life expectancy in the city.

Figure 4: A Snapshot of Lifestyles in Nottingham
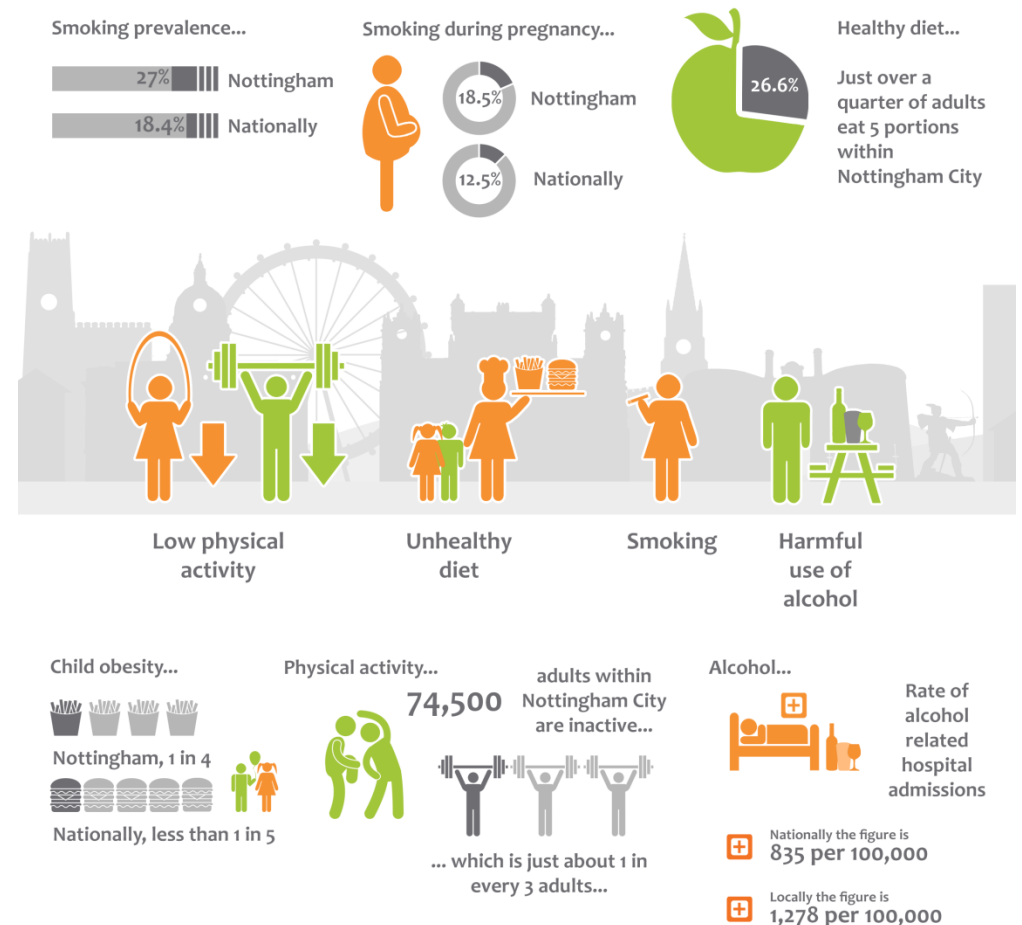
Priorities and What will we do?

In order to achieve our outcome a number of broad priority actions have been identified. By 2020 Nottingham will be a city where adults, children and young people will:

- o Be physically active to a level which benefits their health
- o Have a healthy and nutritious diet
- o Be able to achieve and maintain a healthy weight
- o Be inspired to be smoke free

Additionally,
- o People who drink alcohol will drink responsibly, minimising the harms to themselves and those around them

To achieve the outcome and deliver our priority actions, we will:
- • Give adults, children and young people the skills and knowledge to prioritise healthy lifestyles
- • Ensure there are opportunities to adopt a healthy lifestyle including access to services where necessary
- • Ensure our workforce is equipped to identify and deliver brief intervention around healthy lifestyles and refer to services when needed
- • Motivate adults, children and young people to make healthy choices and avoid harmful behaviour
- • Protect adults, children and young people from the harmful effects other people's behaviour including smoking and excessive alcohol consumption

Outcome 2: Adults, children and young people in Nottingham will have positive Mental Wellbeing and those with long-term mental health problems will have good physical health

Mental health problems are very common – it is estimated that up to half of all people will experience problems at some point in their life and one in six will have a common mental health problem at any one time[9]. At any one time in Nottingham, there are estimated to be over 51,000 people (aged 16+) with a mental health problem ranging from those with a common mental health problem like depression or anxiety to more severe mental health problems such as psychosis or personality disorder (figure 5). These estimates are considerably greater than the number of people recorded on local GP registers suggesting that people with these conditions may not be getting sufficient support to meet their health and wellbeing needs[10].
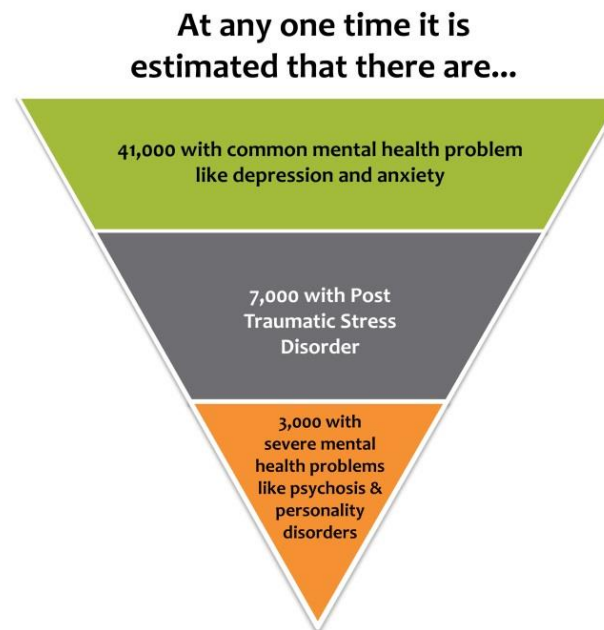
Mental health and wellbeing is a broad term and does not necessarily have to be defined by a 'mental illness'. Measures of mental wellbeing in the City suggest that 14% of citizens could be described as having poor mental wellbeing. Loneliness and isolation was the most commonly identified issue throughout engagement with citizens and a key driver of poor physical and mental health.

Poor mental health is also closely linked to poor physical health with those suffering from a long-term mental health problem are at over four times the risk of dying early. Most early deaths are from preventable causes that are similar to the wider population[11]. Poor health is influenced predominantly by unhealthy lifestyle behaviours, particularly smoking, and can be exacerbated by medication used to treat mental health problems. It has also been shown that health services have not been as responsive in identifying or meeting the physical health needs of people with mental health problems.

Preventing and treating mental health problems in childhood and adolescence is particularly important due to their far reaching consequences on health, social and educational outcomes. Mental illness, unlike other health problems tends to start early in life and can persist into and throughout adulthood[12].

It is recognised that about half of all lifetime mental health problems have started by the age of 14. It is estimated that one in ten children have a clinically recognisable mental health problem with boys more likely than girls to be affected - with the highest prevalence amongst 11 to 16 year-olds – highlighting the importance of early intervention. There are also certain groups (inc. homeless people, armed forces veterans, the black, asian and minority ethnic (BAME) communities) who may be at increased risk of mental health problems, or have specific needs in terms of their care, and so activity will be delivered to improve equity of access to treatment and care.

Figure 5: A Snapshot of Mental Health in Nottingham (people aged 16 and over)

One in six people will have mental health problems at any one time...

At any one time it is estimated that there are...

41,000 with common mental health problem like depression and anxiety

7,000 with Post Traumatic Stress Disorder

3,000 with severe mental health problems like psychosis & personality disorders

Priorities and What will we do?

In order to achieve our outcome a number of broad priority actions have been identified. By 2020 Nottingham will be a city where:

- Adults, children and young people with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it
- Those with long-term mental health problems will have healthier lives
- Those with or at risk of poor mental health and wellbeing will be able to access and remain in employment
- People who are, or at risk of, loneliness and isolation will be identified and supported

To achieve the outcome and deliver our priority actions, we will:

- Ensure that children, young people and adults know how to get support for mental health problems
- Improve support to women who experience mental health problems during and after pregnancy.
- Ensure access to mental health services within a primary care setting and early access to care for those with more serious and/or urgent mental health problems.
- Provide access to wider social and community support for people with mental health problems and their carers to support social and financial inclusion.
- Identify early, improve and prevent poor physical health outcomes for those experiencing long-term mental health problems
- Increase understanding of the interdependence of mental and physical health across the health and care system (parity of esteem)

- Work with employers, and people with mental and physical health problems, to support them to access and remain in employment

Outcome 3: There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health

Our beliefs and attitudes towards our own health and those around us play a big part in how healthy and happy we will be. The social characteristics of the communities we live in, and the degree to which they enable and promote healthy behaviour, all make a contribution to the inequalities in health outcomes experienced across the city. Social capital describes the links between individuals – the links that bind and connect people within and between communities – and can provide a source of resilience against life's stresses through social support. Throughout the engagement events many people told us that community-mindedness or sense of community had reduced and people saw this as having a big impact on health and wellbeing.

In particular one of the strongest themes to emerge was around loneliness and the importance of the community in supporting each other and fostering a healthy culture whereby making the healthy choice the easy choice. People wanted there to be more social interaction in neighbourhoods and saw the value in initiatives like social prescribing and identifying and tackling problems early before they developed into more serious long-term conditions.

Debt and household income was consistently highlighted as the main driver behind poor physical and mental health; with not enough being done to help people prioritise healthy lifestyle choices. People also said that availability of services was not the issue. Rather it was not knowing what services and opportunities were available or not having the confidence to use them. Many people wanted to have clear information so that they could make healthier choices, manage their own health and only contact services if and when they needed them. When using services, however, the current system was said to be too complex and not as joined up as it could be. At the same time people often felt their problems were treated in isolation - rather than holistically and dealing with a range of underlying issues that were at the heart of the problem (like debt or loneliness).

Priorities and What will we do?

In order to achieve our outcome a number of broad priority actions have been identified. By 2020 Nottingham will be a city where:

- o Direct and indirect messages regarding health and wellbeing will be clear and consistent
- o Citizens will have knowledge of opportunities to live healthy lives and of services available within their communities
- o Individuals and groups will have the confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing
- o Services will work better together through the continued integration of health & social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families
- o We reduce the harmful effects of debt and financial difficulty on health and wellbeing

To achieve the outcome and deliver our priority actions, we will:

- Further integrate services for adults across health and social care through the creation of pooled budgets
- Create integrated health and social care services for 0 to 5 year-olds
- Ensure that citizens can access the right information and support services in one place
- Promote key messages around how to stay healthy and happy
- Support people to care for themselves and know when to access additional support

- Ensure our workforce is equipped to identify, and respond early, to issues affecting health and wellbeing including healthy lifestyles, debt management and social isolation
- Enable citizens to remain independent, and within their own homes, for as long as possible
- To work with public, private and voluntary sector partners to improve people's financial resilience

Outcome 4: Nottingham's Environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing

The physical environment within which we live and work plays a major role in our health and happiness. Characteristics of environments that are conducive to good health - like access to green spaces and well maintained cycling and walking routes – are heavily interlinked. For instance increasing the number of people who regularly walk or cycle will provide a number of positive benefits from reduced air pollution and carbon emissions to addressing congestion and helping people live active, healthy lives. As well as benefiting our health, healthy environments benefit environmental sustainability due to lower carbon and pollutant emissions.

Throughout the engagement events, citizens highlighted their concerns about air pollution and the importance of living in neighbourhoods where the built environment promoted healthy lifestyles such as active travel (like walking or cycling to work) and access to good quality parks and facilities.

The concerns of citizens are supported by strong scientific evidence. There is clear evidence of the adverse effects of air pollution[13] on health and poorer communities tend to experience higher concentrations of pollution resulting in a higher prevalence of cardio-respiratory and other related diseases[14].

Creating a physical environment in which people can live healthier lives with a greater sense of wellbeing is hugely significant in reducing health inequalities. Conditions that encourage walking and cycling can also help create an environment that supports the local economy, providing a vibrant and attractive setting for all[15]. The provision of attractive green spaces, aside from encouraging physical activity, can also improve mental wellbeing and help support social inclusion and community cohesion[16].

Green space

Housing

Active travel   Clean air

Creating a healthy environment

Poor quality housing in particularly has a big impact on both physical and mental health and wellbeing[17]. Housing is key driver of the difference in health outcomes across the city as those in the most deprived neighbourhoods are more likely to be living in the poorest quality housing. The private rented sector is the area of most concern as this is likely to account for much of the poor quality housing within the city.

Priorities and What will we do?

In order to achieve our outcome a number of broad priority actions have been identified. By 2020 Nottingham will be a city where:

- o Housing will maximise the benefit and minimise the risk to health of Nottingham's citizens
- o The built environment will support citizens having healthy lifestyles and minimise the risk of negative impact on their wellbeing
- o People will be able to engage in active travel
- o People in Nottingham will have access to and use of green space to optimise their physical and mental wellbeing
- o Air pollution levels in Nottingham will be controlled to agreed standards

To achieve the outcome and deliver our priority actions, we will:

- Work with housing providers to support people to live healthy lifestyles, keep well and live supported at home when unwell
- Improve housing standards and support vulnerable people who may be at risk of becoming homeless
- Consider the impact of planning decisions we make, for example where we allow fast food outlets to operate
- Improve the city's infrastructure and encourage more people to walk and cycle
- Improve the quality of our green spaces and encourage their use by the community
- Raise awareness of the positive impact small changes in behaviour can have on the environment

Our Headline Targets

The strategy's overall aim is to increase healthy life expectancy and reduce the inequalities across Nottingham's neighbourhoods. Healthy life expectancy (at birth) describes how long a person might be expected to live in 'good health'[18]. It is measured separately for both men and women. Locally and nationally healthy life expectancy has remained fairly constant since it first started to be measured in 2009 but at the same time 'life expectancy' has increased meaning that people, on average, are spending a greater proportion of their life in poor health[19]. There are significant differences between Nottingham and other similar cities[20] and also amongst Nottingham's neighbourhoods (figure 2). The strategy aims to address this by improving the quality of life for people as they get older by increasing the number of years spent in god health.

Two headline targets have been set in order to measure our success in improving people's health and tackling inequalities:

1. **To increase healthy life expectancy in Nottingham to amongst the best Core Cities by 2020**

In order to do this we will compare our performance to that of the top four England Core Cities and aim to achieve the average of these for men and women. This would be the equivalent of both men and women in the city today living a further three years in good health.

2. **To reduce inequalities in the city by improving the health of people in the neighbourhoods that have the worst healthy life expectancy**

Figure 6 shows that there are 16 areas in the city where the healthy life expectancy for men and women is significantly below the city average. We will work to improve the health of people in these neighbourhoods by the greatest amount to decrease the scale of inequalities in the city.

Figure 6: Neighbourhoods below the city average for Healthy Life Expectancy

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Legend:
- Nottingham City Wards
- Local Area Committees
- Healthy Life Expectancy (2009-13)
- Lower than City Average

Links to Other Strategies

For many of the priority areas identified, there already exist local strategies with detailed action plans and governance arrangements. It is not, therefore, the intention of this strategy to merely repeat and duplicate those plans. Instead, the Health and Wellbeing Board will have oversight of the key strategic actions, consider where it can add value and hold partners to account for delivery. Nonetheless, there are a number of key strategies that link directly or work alongside this strategy which merit further explanation.

The Nottingham City Clinical Commissioning Group Strategy
This Strategy has been produced alongside the Nottingham City Clinical Commissioning Group's (CCG) Strategy. Both these strategies have the same aim to improve healthy life expectancy and reducing inequalities. The priorities and actions within each strategy are aligned to optimise outcomes.

The Carers Strategy
Carers provide a massive contribution to maintaining the health and wellbeing of others in the city and we want to ensure that their value is recognised and does not come at a cost to their own health and happiness. Over one in ten people in the city are carers and a significant number provide in excess of 50 hours care per week[21]. Our aim is to improve the carer's quality of life by ensuring they receive early identification and holistic assessment of their needs, and by supporting them to realise their potential so that they can have a life outside caring. By providing effective support to improve carers' wellbeing and avoid carer breakdown, we will support vulnerable people and those with long-term conditions to continue to live as independently as possible in their own homes.

The Vulnerable Adults Plan
The Joint Health and Wellbeing Strategy is about improving the overall health and happiness of all City residents, but there are certain groups of adults who have more specific needs and/or who may be at an increased risk of poor health and wellbeing. In response, Nottingham City Council and Nottingham City CCG came together with other partners in the City (including those working in the voluntary sector) to develop the City's Vulnerable Adults Plan. Launched in 2012, the Vulnerable Adults Plan set out vision for how the City could work together to manage the challenges of the changing health and social care landscape and continue work to help vulnerable adults to live safer, happier, longer and more fulfilling lives, and to have more choice and control over their support and other aspects of how they live.

In this context, vulnerable adults are considered to be those in receipt of specialist health and social services, those who either have lost or who are at risk of losing their independence, and those at risk of social exclusion and harm[22].Work is currently in progress to capture the views of citizens, partners and other stakeholders in order to feed into the development of a refreshed Vulnerable Adults Plan (which will include carers). Those areas that the Health and Wellbeing Board can add value to will be incorporated into this strategy once an updated Vulnerable Adults Plan for 2016-20 has been prepared.

Children and Young People's Plan
Nottingham Children's Partnership has had a Children and Young People's Plan since 2010 which covers all services for children, young people and their families. For young people leaving care, our responsibility extends beyond the age of 20. For those with learning difficulties it extends to the age of 25 to ensure the transition to adult services is properly planned and delivered.

The Plan is updated on an annual basis to ensure all new national and local policies and guidance relating to improving outcomes for children and young people are incorporated in a timely way and influence its delivery. The Plan brings together the children and young people's elements of our other partnership plans including the Nottingham Plan, the Education Improvement Board Strategic Plan: A brighter future for Nottingham Children and this newly developed Health and Wellbeing Strategy: healthier, happier lives; providing one shared framework for the Children's Partnership Board and their organisations to focus on.

Summary: Our Strategy on a Page

Our vison	Happier Healthier lives: Nottingham will be a place where we all enjoy positive health and wellbeing with a focus on improving the lives of those with the poorest outcomes the fastest.			
Our Aims	To increase healthy life expectancy in Nottingham to amongst the best Core Cities by 2020 To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy			
Our Outcomes	Adults, children & young people in Nottingham adopt and maintain **Healthy Lifestyles**	Adults, children and young people in Nottingham will have positive **Mental Wellbeing** and those with long-term mental health problems will have good physical health	There will be a **Healthy Culture** in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health	Nottingham's **Environment** will be sustainable; supporting and enabling its citizens to have good health and wellbeing
Our Priority Actions	1. Adults, children and young people will be **physically active** to a level which benefits their health 2. Adults, children and young people will have a **healthy and nutritious diet** 3. Adults, children and young people will be able to achieve and maintain a **healthy weight** 4. Adults, children and young people will be inspired to be **smoke free** 5. People who drink **alcohol** will drink responsibly, minimising harm to themselves and those around them	1. Adults, children and young people with, or at risk of, poor mental health will be able to access **appropriate level of support** as and when they need it 2. Those with **long-term mental health problems** will have **healthier lives** 3. Those with or at risk of poor mental health and wellbeing will be able to access and remain in **employment** 4. People who are, or at risk of, **loneliness and isolation** will be identified and supported	1. Direct and indirect **messages** regarding health and wellbeing will be clear and consistent 2. Citizens will have **knowledge** of opportunities to live healthy lives and of services available within communities 3. Individuals and groups will have the **confidence** to make healthy life choices and access services at the right time to benefit their health and wellbeing 4. **Services** will **work better together** through the continued integration of health & social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families 5. Reduce the harmful effects of **debt** and financial difficulty on health and wellbeing	1. **Housing** will maximise the benefit and minimise the risk to health of Nottingham's citizens 2. The **built environment** will support citizens having healthy lifestyles and minimise the risk of negative impact on their wellbeing 3. People will be able to engage in **active travel** 4. People in Nottingham will have access to and use of **green space** to optimise their physical and mental wellbeing 5. **Air pollution** levels in Nottingham will be controlled to agreed standards
Principles	Tackling Inequalities; Early Intervention; Sustainability; Engagement of the Voluntary and Community Sector; and, Integrated Working			

[1] The full engagement results can be found here: http://www.nottinghamcity.gov.uk/hwb.

[2] The JSNA Evidence Summary can be found here: http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Related-documents/Executive-summary.aspx

[3] Based on 'Life expectancy at birth' which shows the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a new born baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.

[4] Based on 'Healthy life expectancy at birth' which is a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

[5] Public Health England (2016) http://www.phoutcomes.info/search/life%20expectancy#page/1/gid/1/pat/6/par/E12000004/ati/102/are/E06000018

[6] Barton and Green (2006)

[7] Parks J et al. *Morbidity and Mortality in people with Serious Mental Illness*. 2006. See also: De Hert, M. et al. Physical *illness in patients with severe mental disorders*. World Psychiatry 2011;10:52-77.

[8] Van der Kooy, K. et al. *Depression and the risk for cardiovascular diseases: systematic review and meta analysis .*International Journal of Geriatric Psychiatry,Volume 22, Issue 7, pages 613–626, July 2007.

[9] McManus S, et all. *Adult Psychiatric Morbidity in England, 2007: Results of a household survey.*: NHS Information centre for health and social care. 2009

[10] According to GP records there are round 20,000 people registered with depression and around 3,500 with severe mental health problems recorded on local GP registers for depression and severe mental health (2014 Quality and Outcomes Framework (QOF)

[11] Hiroeh et al. *Deaths from natural causes in people with mental illness* Journal of Psychosomatic Research. Mar 2008 vol. 64(3) pp.275-83

[12] Kessler R et al. *Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative.* World Psychiatry 2007. Available from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2174588/

[13] Fair Society, Healthy Lives: The Marmot Review (2010)

[14] FOE (2001) Pollution and poverty- Breaking the link.

[15] Walking and Cycling, National Institute for Health and Care Excellence (NICE) Local Government Briefings (January 2013)

[16] Porritt J, Colin-Thomé D, Coote A, Friel S, Kjellstrom T and Wilkinson P (2009) Sustainable development task group report: health impacts of climate change.

[17] *Marmot Review*, London, 2010

[18] 'Healthy life expectancy' is based on applying data from the Annual Population Survey to birth and mortality rates by area ONS (2016)

[19] In Nottingham, healthy life expectancy for males is 57.8 years and 58.4 years for females compared to a life expectancy of 77.1 years for males and 81.6 years for females (2012-2014 data, ONS 2016).

[20] People in Nottingham will spend more of their life living in poor health than those living in other areas. In terms of the proportion of total life expectancy spent in a healthy state, the city is ranked 6th out of 8 for men amongst the England Core Cities and 7th for women (2012-2014 data, ONS 2015).

[21] There are around 27,500 people in the city who care for another person and around 28% provide in excess of 50 hours care per week.

[22] This would include those with alcohol and substance misuse issues, refugees and asylum seekers, those with a physical and sensory impairment, people with learning disabilities, carers, older people, those who are homeless or at risk of homelessness and those with mental health problems.